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ABSTRACT

These guidelines were prepared to assist Idaho schools in developing policies and procedures for internal systems to respond to adolescent chemical use. Response to chemical health issues is discussed in terms of the school's role, need for policy, confidentiality issues, and administrative coordination of efforts. Staff training, primary prevention, early identification, crisis intervention, and aftercare are also discussed, as are the benefits of outside consultants. A section on legalities and responsibilities under Idaho law includes the responsibility and liability of school officials. The appendices contain suggested guidelines for selecting consultants, a list of prevention education providers and private providers of substance abuse intervention and rehabilitation services, community resource information, school law enforcement relationship guidelines, a student assistance process development flowchart, and a student assistance program intervention flowchart. (JAC)

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RECOMMENDATIONS FOR SCHOOL POLICIES AND PROCEDURES CONCERNING CHEMICAL HEALTH ISSUES IN IDAHO SCHOOLS

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1983

CG 017718

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FOREWORD

The awareness of chemical use among adolescents and the resulting problems has increased substantially in recent years. Many schools have developed organized, internal systems in response to the programs, students and staff impacted by the issues which surround these problems.

This document was prepared to assist schools in developing the policies and procedures which serve as the components of such internal systems. The key is the school's ability to establish policies and procedures which focus on all areas involved in chemical issues and not focus solely on disciplinary measures for the troubled student. To be effective complete school policies must deal with the entire chemical issues package, including: prevention; intervention; and, aftercare.

It is our intent that this document will serve as a model for Idaho schools to use as district guidelines are developed.

Jerry L. Evans

JERRY L. EVANS
State Superintendent
of Public Instruction

ACKNOWLEDGEMENTS

Contributions to the preparation of this document were made by:

Suggested Guidelines for School Policy Concerning Drug-Related Problems, Ohio Department of Education, Columbus, Ohio 1975

The Role of the School in Responding to Chemical Health Issues and Problems, Division of Instruction, Minnesota Department of Education, 1980.

School Drug Abuse Policy Guidelines, U.S. Department of Justice, Drug Enforcement Administration, Washington, D.C.

RESPONDING TO CHEMICAL HEALTH ISSUES AND PROBLEMS

I The Role of The School

The role of the school in the prevention and minimization of chemical use problems is not a choice of action or inaction but, rather, a choice of acting purposefully and systematically or sporadically and inconsistently. Every school in the nation is affected by the increasing emotional, physical, economic and social problems which are related to the use of chemicals in our society. School districts are encouraged to develop a comprehensive policy and procedures which will provide direction to each district employee, student and community member to act so that chemical use problems can be minimized.

II. The Need for Policy

The suggested guidelines on the following pages are intended to be of help in establishing or in revising policy concerning drug related problems.

In cooperation with other segments of the community, it is recommended that each district assess the needs and resources unique to each educational community and respond with a relevant policy statement predicated upon community needs and concerns and an outline of procedures to implement a comprehensive program of prevention, intervention, referral and aftercare for staff and students.

The establishment of written policy regarding the use and abuse of drugs should have several benefits for the school and the community:

- School personnel will be on much stronger ground legally if they understand and follow a policy which has been adopted by the local board of education. In many court decisions, publicly developed and stated policy has the effect of law.

- Policy is better planned in a calm, rational atmosphere than when decision makers are confronted with actual cases of the use and abuse of drugs. There is less tendency to take overly punitive action or to make an example of a student when a policy is clearly stated in advance.

- A policy that is worked out in advance is more likely to be respected as fair by students, especially if the students have helped to develop it.

- Requesting assistance from community leaders and organizations in formulating policy will help define the issue of drugs as a community concern rather than a problem only for the schools.

III CONFIDENTIALITY

The question of confidentiality appears to be the central issue in making and implementing school drug policy. School employees may feel it is essential for the protection of a student and the student's family to keep information obtained by or about the student in confidence. In other situations, it may be necessary for the protection of the school and staff to disclose information with care, discretion, and tact.

If balanced with the greater needs of school and community, confidentiality becomes a tool whereby the school may better fulfill its basic educational function. Breaking the trust of a student who reveals confidential information will most likely shut off further communication at the precise crisis point when such communication is most needed. As far as possible, the school should encourage such trust in its students and teachers--not destroy it.

As school personnel attempt, as a part of their day's endeavor, to understand and relate positively to members of their classes, they automatically become confidante and are thereby counselors. The teacher's relationship to the student is one of the most potent instruments to effect attitudinal and behavioral change. However, the teacher needs to feel secure in relating to the drug-involved student and needs to have a degree of confidence regarding his own role.

Many teachers are reluctant to establish a positive relationship with drug-involved students, possibly due to insecurity about their own roles in relation to school positions and federal, state, and local laws on confidentiality. Some teachers have tended to avoid the drug question with students due to a lack of clearly stated guidelines on the handling of confidential information. In far too many schools, the teacher faces the dilemma of wanting to assist the student by establishing open communication and trust while fearing the possibility of breaking the law. In order to protect themselves, teachers often feel obligated to report confidential drug information to some authority. It is precisely at this point that a valid mechanism is needed for disposition of confidential information.

When a student confides to a teacher that drugs are being used, the teacher should be honest and forthright with the involvement, should try to help the student and understand the full ramifications of drug involvement, and then should motivate the student toward making a decision for positive action. The teacher can encourage the student to talk to his/her parents or seek outside assistance. In many cases, teachers weighing disclosure against confidentiality may turn to outside resources that will help the student develop therapeutic skills while not requiring the teacher to break confidentiality.

A significant factor to consider by those establishing school drug policy on confidentiality is this: If the confidence is made by the student, the teacher should be given the opportunity to determine the position and action to be taken regarding the information given.

Administrative rules and regulations carefully constructed within the framework of adopted board policy, and known and understood by students, teachers, other school personnel and the community, can remove many doubts and serve to strengthen the school's role of educating all students.

IV. Administrative Coordination of Efforts

A. Identification of person(s) responsible for assessing, planning, implementing and evaluating program efforts, recognizing the complexities of chemical use problems and the varying expertise of individuals.

1. Organization of an advisory group or task force composed of community leaders, administrators, teachers, parents, students, professional support staff, chemical dependency professionals, maintenance and service personnel.

2. Identification of building resource person(s):

a. Crisis intervention team.

b. Staff resource person with professional training and appropriate experience in responding to chemical use problems.

c. Primary prevention resource person.

B. Systematic assessment of needs of school community for prevention, intervention and aftercare support.

1. Assessment of the needs of the school community:

a. Examine existing state law, policies, and procedures;

b. Examine existing school policies and procedures for responding to students' problems, i.e., chemical use, child abuse and neglect, discipline.

c. Determine the magnitude of chemical use problems as they affect pupils in the district.

d. Recognize the needs of salient minorities within the educational community.

e. Recognize and define the roles and responsibilities of school staff in the minimization of chemical use problems.

f. Examine opportunities to earn academic credit for students involved in treatment.

g. Examine procedures for students to leave school setting to seek therapy and re-enter after completing therapy.

h. Examine procedures for allowing students and staff to participate in support groups during the regular school schedule.

2. Assessment of resources avaiiable within the school:

a. Identify staff members with specialized training in chemical use problem prevention and intervention.

b. Identify services currently available to students, i.e., special education, social work, counseling, health care.

3. Assessment of the community resources available to the school:

a. Develop a list of potentially helpful agencies (see Appendices "A" and "B").

b. Establish cooperative relationship with existing public helping agencies--city, county, state and federal.

c. Establish cooperative relationship with local law enforcement agencies (Appendix C).

d. Identify private human service organizations.

C. Establishment of an ongoing evaluation process to promote appropriate programming and insure flexibility of procedures.

D. Dissemination of school community policy and procedures to all interested persons, i.e., students, parents, all school staff, community agencies.

V. Training to Ensure That All Staff Have the Knowledge and Skills to Implement Efforts to Minimize Chemical Use Problems Among Pupils

A. Provision of opportunities for all staff members to examine individual chemical use patterns.

B. Development of staff awareness of chemical use and related problems and the specific purposes of prevention, intervention, therapy and aftercare.

C. Development of knowledge of existing state laws, policies and procedures for preventing and responding to pupils' problems, i.e., chemical use, child abuse and neglect, and discipline.

D. Development of prevention curriculum and instruction skills among staff.

E. Recognition of the school's responsibility to respond to chemical use problems.

F. Clarification of each staff member's responsibility and liability in responding to student problems, i.e., chemical use, child abuse and neglect, and discipline.

G. Development of skills to observe and report specific and identifiable behaviors of concern.

H. Training in the development of an emotionally healthy classroom.

I. Development of an awareness of the needs of students returning to school after completing therapy or currently involved in out-patient therapy.

VI. Primary Prevention Efforts to Provide Students Appropriate Information and Developmental Experiences Necessary to Make Responsible Decisions Regarding Chemical Use and Non-use

A. Strive to establish a caring school community with empathy, compassion and communication extending between administrators, students, teachers and parents.

B. Strive to establish an emotionally healthy classroom which includes emphasis on the development of positive self-concept, coping skills, interpersonal relationships, valuing, decision-making and assertiveness.

C. Establishment of a K-12 comprehensive health curriculum which includes emphasis on health promotion and chemical health issues.

D. Integration of prevention concepts and strategies into all curriculum areas.

E. Recognition of education needs of students experiencing family problems, i.e., chemical use, child abuse and neglect, family change.

F. Establishment of responsible use groups which provide students and staff the opportunity to examine personal chemical use patterns.

G. Establishment of programs to improve parent-student communication.

H. Establishment of programs in parenting skills for students and adults.

I. Provision of pharmacological information appropriate to student's age and environment.

J. Provision of a healthy balance of extra-curricular and co-curricular activities which allow for students' self-development and creativity which recognize individual needs, interests and skill levels.

VII. Early Identification and Intervention Efforts Providing Assistance to Students Demonstrating Behaviors of Concern

A. Development of student assistance procedures to follow when a staff member or student observes individual behavior which may indicate a chemical use problem or when a student seeks help. (See Appendices D and E.)

B. Development of procedures to follow when a staff member or student uses chemicals inappropriately or illegally while on school property or attending school functions. Procedures should follow due process and include provision for:

1. Education regarding chemical use problems.

2. Assessment interview.

3. Disciplinary actions.

C. Development of procedures for involving school personnel with the family of students troubled by chemical use problems.

D. Development of procedure to communicate with therapeutic programs regarding student needs and progress in accordance with existing state and federal confidentiality laws.

E. Establishment of procedures to provide academic experience and credit for students while undergoing therapy for chemical use problems.

VIII. Crisis Intervention Procedures for Students Experiencing Medical Emergencies

A. Provision of chemical use problem crisis intervention procedures to respond to medical emergencies, i.e., overdose or withdrawal situations.

B. Development of procedures for transfer of persons to detoxification facilities.

C. Development of procedures to follow when a student is behaving in ways which may cause harm to self or others.

D. Development of procedures to immediately notify local county welfare department or law enforcement agent when abuse or neglect are evident.

IX. Reentry Support - Aftercare Services for Students Returning to the School After Completing Therapy for Chemical Use Problems

A. Establishment of a group support system for individuals returning to the school community after completing therapy for chemical use problems.

B. Cooperation with community resources to help students returning to the school community after completing therapy.

C. Provision of special tutoring service when needed.

D. Maintenance of communication with therapeutic programs regarding student needs and progress in accordance with existing state and federal confidentiality laws.

E. Strive to establish an emotionally healthy classroom which includes emphasis on the development of positive self-concept, coping skills, interpersonal relationships, valuing, decision-making and assertiveness.

X. Consultants

Schools often reach a point in their program planning and development where they feel they could benefit from the expertise of outside consultants.

The fields of substance abuse prevention, intervention and rehabilitation are full of many experienced, trained, qualified professionals who can provide quality consultative help. These same fields, however, are also full of charlatans, quacks, and well meaning missionaries. The guidelines and resources found in Appendix A may help you select the right consultant for your program needs.

LEGALITIES AND RESPONSIBILITIES

RESPONSIBILITIES

There are some legal responsibilities which apply to any community member. In addition, the professional status of an educator, or an administrator of an educational institution, brings with it special legal responsibilities, some of which are spelled out in state statutes.

Regulation of conduct of public school students is a legitimate state interest. To the extent that schools have rules bearing on the use of alcohol or drugs, those rules promulgated by school officials must bear some relevance to the purpose of such policies to be valid.

I. The Law, Drugs, and the Schools

A. Idaho law is concerned with the manufacture, delivery, and possession of numerous controlled substances. The Uniform Controlled Substances Act, Idaho Code § 37-2701 et seq., prohibits certain acts, and attaches penalties, according to the "schedule" in which the particular substance is placed. There are five "schedules," Schedule I containing those substances deemed the most dangerous, etc. Penalties range from a fine of up to $300 and ninety days in jail to a fine of up to $25,000 and life imprisonment, depending upon the violation.

B. Among the prohibitions of the Act are the following:

1. The manufacture or delivery, or possession with intent to deliver, a controlled substance.

2. The creation, delivery, or possession with intent to deliver, a counterfeit substance.

3. The possession of a controlled substance without a valid prescription.

4. Knowingly being present where illegal controlled substances are being manufactured or cultivated, or are being held for distribution, transportation, delivery, etc.

5. The possession of marijuana.

6. Conspiracy to commit any offense defined in the Act.

7. The manufacture, distribution, or possession with intent to distribute a "simulated controlled substance."

8. The advertisement or solicitation offering for sale simulated controlled substances.

9. The distribution or dispension, manufacture, failure to keep required records, etc., of controlled substances (applies to pharmacists and others required to be licensed under the law).

10. Obtaining controlled substances by fraud, etc.

11. The use and possession with intent to use drug paraphernalia.

12. The distribution of controlled substances to persons under age 18.

C. Other drug and alcohol related violations are found in various sections of the Idaho Code:

1. Section 23-612 makes it a crime to possess or consume "any beer, wine or other alcoholic beverage while present at any public school function on the property of the school district."

2. Section 23-603 prohibits the distribution of alcoholic beverages to persons under age 19.

3. Section 18-1502 prohibits the use of tobacco by persons under age 18.

D. As violations of these drug and alcohol laws are criminal acts, they affect society beyond the confines of the school, and come under court, as well as school, jurisdiction. Proponents of a "hands off" policy will take the position that education will not thrive in an atmosphere of suspicion and distrust. However, education cannot survive in an atmosphere of confusion and disorganization. Strong educational interests do justify reasonable administrative searches and other active control measures.

II. Searches

A. While the Idaho Supreme Court has not dealt with school search issues, legal guidance is provided in Attorney General Opinion No. 76-6, and from case law from other jurisdictions.

B. In Loco Parentis

Since it is a duty of school administrators and teachers to protect pupils from foreseeable injury, the doctrine of in loco parentis, which equates school personnel with "other parents," justifies the conducting of necessary searches for the protection of all students. Since parents delegate to the school certain parental rights over the child while he is in school, school personnel who search in good faith, basing the search on probable cause, do so on the basis of implied parental consent. The lower the age level of the student, the broader the dimension of search authority. Conversely, as a student advances toward the age of culpability, more rights are acquired in the eyes of the court. When students reach the age of criminal responsibility, specific constitutional protections are acquired. A prevalent theory is that a student must have clearly violated a school regulation in order to support a search and custody for purposes of suspension or punishment.

C. Fourth Amendment

One key question is whether or not a search by an educational administrator is of a different nature from a police search. The Fourth Amendment to the U.S. Constitution established the right of the people to be secure in their persons, houses, papers, and effects against unreasonable searches and seizures. It further states that no warrants will be issued unless probable cause is asserted and supported by oath or affirmation. A specific description of the place to be searched and the items to be seized is also required.

The Fourth Amendment applies to the federal government, and through the Fourteenth Amendment, to the state government. It does not apply to private citizens who conduct searches and the U.S. Supreme Court has not determined it to apply to school personnel. The Fourth Amendment, as applied to "state action," has been extended to include any public official acting on behalf of the state or any of its agencies or subdivisions. Generally, a school principal, assistant principal, counselor, or teacher is not considered a public official for purposes of the Fourth Amendment.

A warrantless search by police personnel is justified only when the passage of time would permit the destruction of evidence, when persons are endangered, or when the search is incidental to arrest. However, the school does not possess a quasi-judicial atmosphere. Administrators and teachers cannot function as law enforcement agents. While conscientiously safeguarding students' rights, they must perform mandated duties, in good faith, without constant fear of legal reprisal. If and when administrators search a student or his locker or his effects, reasonable suspicion should be a prerequisite. Since the school owes a duty to protect all children within its control, a reasonable search would be one to obtain possession of weapons, dangerous objects, or drugs.

The in re Gault case (378 U.S. 1; 1967) established basic rights for juveniles in juvenile court procedures. In juvenile court, the minor has the rights to representation by an attorney, to be confronted by witnesses, and to cross examine witnesses.

III. School Suspensions

A. The Goss v. Lopez case (43 LW 4179; 1975) established mandatory guidelines for minimal due process in school suspension incidents:

1. Immediate removal of a student would be permitted if the student's presence disrupts the teaching atmosphere, endangers other persons, or damages property.

2. Within 24 hours, notice of suspension proceedings are to be sent to the (minor) student's parents.

3. Within 72 hours of the student's removal, a hearing should be provided.

4. Suspended students may make statements in their defense, but they need not be permitted to have counsel present at the hearing.

5. The state's provision of free education to persons between the ages of six and 21 years is a property interest protected by the Fourteenth Amendment.

6. Concerning a suspension from one to 10 days, due process demands that a student be given oral or written notice of the charges against him.

7. Upon denial of the charges by a suspended student, the school administration shall present its evidence and give the student an opportunity to present his version.

8. Notice and hearing generally precede a student's removal, but if urgency necessitates, such notice may follow as soon as practicable.

9. The Due Process Clause will not shield a student from suspensions which are properly imposed. Suspension is considered to be a necessary tool to maintain order, as well as a valuable educational device.

10. The Court further explained that there need be no delay between the time when notice is given and the time of the hearing. The hearing may occur almost immediately following the misconduct.

11. The Court directed its decision solely to the short-term suspension (one to ten days) and stated that expulsions may require more formal procedures.

B. Idaho Code S 33-205 limits temporary suspensions in Idaho public schools to five days unless the Board finds that the return of the student to school would be detrimental to other students' health, safety or welfare, in which case, the suspension may be extended an additional seven days. The same Section of the Code also recites the procedures to be followed in expulsion cases. Among the "grounds" for expulsion is conduct which is "continuously disruptive of school discipline," or which "is detrimental to the health and safety of other pupils.

IV. Medical Examinations

Idaho Code S 37-3102 provides that any person may request "treatment and rehabilitation for addiction or dependency to any drug," and that the person rendering such treatment shall not disclose such information to law enforcement officials. The law also provides that the parents or guardians of any person seeking such treatment who is sixteen years of age or older shall not be notified without the consent of the person being treated.

V. Confidentiality of Communications

Idaho Code S 9-203(6) provides that:

Any certificated counselor, psychologist or psychological examiner, duly appointed, regularly employed and designated in such capacity by any public or private school in this state for the purpose of counseling students, shall be immune from disclosing, without the consent of the student, any communication made by any student so counseled or examined in any civil or criminal action to which student is a party. Such matters so communicated shall be privileged and protected against disclosure.

VI. Notification of Parents

Except in cases where a student is sixteen years or older, is being treated as per Idaho Code S 37-3102 and refuses to consent to notification, the parents or guardians of such child should be notified of any treatment given or needed where, in the opinion of the professional, failure to inform would seriously jeopardize the health of the minor.

VII. Duty to Report a Crime

A. There is a difference between federal and state laws in this respect. This is significant because the use, possession, and distribution of drugs is both a state offense and a federal offense, and it can be prosecuted in either court system. There is, to use a legal term, concurrent jurisdiction. (Alcohol use by minors and other forms of alcohol abuse are exclusively covered by state law.) The requirement to report a crime arises only in the case of a federal felony. The only applicable federal felony is the possession of drugs with the intent to distribute.

1. Federal law requires that anyone having knowledge of the actual commission of a felony must report this. Failure to report the actual commission of a felony can result in a fine not to exceed $500 or in imprisonment not to exceed 3 years, or both. (18 U.S.C. Section 4.)

2. Idaho Code § 18-203-205 classifies those who participate in crimes as either "principals" or "accessories." "Principals" include "all persons concerned in the commission of a crime. . . , whether they directly commit the act . . . or . . . have advised and encouraged its commission, and all persons counseling, advising, or encouraging children under the age of fourteen . . . to commit any crime . . . . " "Accessories" are those who, ". . . having knowledge that a felony has been committeed, unlawfully conceal it from a peace officer, or harbor and protect the person charged. . . ."

VIII Responsibility to Report Child Abuse or Neglect

Idaho Code S 16-1619 provides that "[a]ny . . . school teacher. . . or any other person having reasonable cause to believe that a child under the age of eighteen (18) years has been abused, abandoned or neglected or who observes the child being subjected to conditions or circumstances which would reasonably result in abuse, abandonment or neglect shall report . . . within (24) twenty four hours such conditions to the proper law enforcement agency or the department [of Health and Welfare]."

A "neglected" child, means one "who is without proper care and control, or subsistence, education, medical or other care or control necessary for his well being because of the conduct or omission of his parents, guardians or other custodians . . . ." Idaho Code § 16-1602(h)(1).

In a situation where school personnel become knowledgeable that a child is misusing alcohol or controlled substances, such activity of the child might suggest that the child is "neglected."

IX. Liability of School Officials

A. Liability under the Civil Rights Act

While school officials are entitled to a good faith immunity from liability for damages under the Civil Rights Act, they will not be immune from such liability if they know, or reasonably should have known, that the action which they took within the official sphere would have violated the student's Constitutional rights.

B. Negligence

School officials have a responsibility to act when they become aware of the use or abuse of alcohol or other drugs by students. If they fail to do so, and if the student then goes on to hurt himself/herself or others, the school professional and/or the educational institution might be determined to be negligent. The test for responsibility for the school could include whether or not school personnel reasonably should have been aware of the use or abuse, whether school personnel acted reasonably in dealing with the problem, and whether their conduct caused or contributed to the injuries in question.

APPENDICES

APPENDIX "A"

SUGGESTED GUIDELINES FOR SELECTING A CONSULTANT(S)

- Are they professionally trained and experienced in the area(s) you are asking them to help?
- Are they reliable?
- Do they have current knowledge of the field?
- Do they have a good track record?
- Are you using a consultant to provide you with ideas and/or materials to help you run your own program or are you expecting the consultant to do the program for you?

An article on consultants by John A. Byrne, found in Forbes magazine, October 10, 1983, pp. 136, said:

"In a sense, consultants are an opening of the window to let in some fresh air," says former Du Pont Chairman Irving Shapiro. "But your own organization has to come up with the solutions. The implementation has to be done in-house, too. You really can't turn that over to outsiders."

PREVENTION EDUCATION PROVIDERS

Health Consultant
Idaho State Department of Education
Len B. Jordan Bldg.
Boise, ID 83720 PH: (208) 334-2281

Department of Health Education
Idaho State University
Pocatello, ID 83209 PH: (208) 236-2656

Department of Health and Physical Education
Boise State University
Boise, ID 83725 PH: (208) 385-1570

Department of Health and Physical Education
University of Idaho
Moscow, ID 83843 PH: (208) 885-7921

Region VIII Training and Development
100 Webster
Suite 204
Oakland, CA 94607 PH: (415) 452-0901

PYRAMID
7101 Wisconsin Ave.
Suite 1006
Washington, D.C. 20014

PRIVATE PROVIDERS OF SUBSTANCE ABUSE INTERVENTION AND REHABILITATION SERVICES IN IDAHO

March, 1982

REGION I

*Alcoholism Outpatient Services
of Spokane, Inc.
dba Panhandle Alcoholism
Outpatient Services
218 North 23rd
Coeur d'Alene, ID 83814

667-9444

- outpatient services

Coeur d'Alene Tribal
Substance ABuse Program
Sub-Agency
Plummer, ID 83851

274-2962

- halfway house

Pine Crest Psychiatric Ctr.
2301 N. Ironwood Place
Coeur d'Alene, ID 83814

666-1441

- acute detoxification
- inpatient care

*Jackson Center
401 So. 24th St.
Coeur d'Alene, ID 83814

667-9591

- subacute detoxification
- intermediate care
- inpatient care

*Silver Valley Alcoholic
Rehabilitation Center
P.O. Box 792
Kellogg, ID 83837

783-1124

- subacute detoxification
- intermediate care
- outpatient services

* State Contracted Providers

REGION II

Alcoholism Treatment Unit
State Hospital North
P.O. Box 672
Orofino, ID 83544

476-4511

- subacute detoxification
- inpatient care

*Family Resource Center
No. Idaho Children's Home
1720 18th Ave.
Lewiston, ID 83501

743-6559

- outpatient services

*Grangeville Alcohol & Drug Ctr.
608 No. State
Grangeville, ID 83530

983-2300

- outpatient services

*Human Services, Inc.
P.O. Box 8882
Moscow, ID 83843

882-1115

- outpatient Services

*Lewiston Halfway House
828 8th Ave.
Lewiston, ID 83501

746-2651 Ext. 240

- intermediate care

Nez Perce Alcohol Control Program
Rt. 4, Box 5N
Orogino, ID 83544

843-2391

- outpatient services
- information & referral

REGION III

Duck Valley Indian Alcohol Program
P.O. Box 399
Owyhee, NV 98932

(702) 757-3855

- outpatient services
- residential care

Mercy Medical Center
Care Unit
1512 12th Ave. Road
Nampa, ID 83651

466-4531

- acute detoxification
- inpatient care

*Port of Hope
P.O. Box 973
Caldwell, ID 83605

454-2500

- subacute detoxification
- intermediate care
- outpatient services

REGION IV

Alcoholism Council of Southwest Idaho
131A N. Allumbaugh
Boise, ID 83704

322-8533

- outpatient services
- information & referral

*Gemhaven, Inc.
5108 Bethel
Boise, ID 83706

377-8145

- outpatient services

Intermountain Hospital
303 North Allumbaugh
Boise, ID 83704

377-8400

- acute detoxification
- inpatient care

*Magic Valley Alcoholic Recovery Center
dba Sunrise Center
240 No. 3rd
Mountain Home, ID 83647

587-3123

- outpatient services

*Joseph Marmo, Jr.
Alcohol Counseling Services
P.O. Box 1111
McCall, ID 83638

634-2151

- outpatient services

*Patient & Family Support Institute
1621 No. Beach St.
Boise, ID 83706

377-8700

- outpatient services

Raleigh Hills Hospital and Outpatient Treatment Center
131 North Allumbaugh
Boise, ID 83704

378-0500

- acute detoxification
- inpatient care
- follow-up services

*Salvation Army Rehabilitation Ctr.
4477 Willow Lane
Boise, ID 83703

345-1456

- subacute detoxification
- intermediate care

Treasure Valley Outpatient
Treatment Center
6003 Overland Road
Boise, ID 83705

376-2492

- outpatient services

Veteran's Administration Hospital
5th and Fort Streets
Boise, ID 83702

336-5100

- detoxification
- inpatient care
- outpatient services
- information & referral

REGION V

*Magic Valley Alcoholic Recovery
Center

415 Second Avenue
Twin Falls, ID 83301

734-5180

- subacute detoxification
- intermediate care
- outpatient services

Walker Center for Alcoholism and
Drug Abuse
P.O. Box 541
Gooding, ID 83330

934-8461

- acute detoxification
- inpatient care

REGION VI

Alcohol and Drug Treatment
Center
Bannock Memorial Hospital
P.O. Box 4891
Pocatello, ID 83201

233-7620

- subacute detoxification
- inpatient care
- outpatient services

*Road to Recovery
583 West Sexton
Blackfoot, ID 83221

785-6688

- subacute detoxification
- intermediate care
- outpatient services

Shoshone-Bannock Alcohol and
Drug Project
P.O. Box 414
Fort Hall, ID 83203

237-6400

- non-medical detoxification
- inpatient care
- outpatient services

REGION VII

*Alcoholic Rehabilitation
Association
163 East Elva
Idaho Falls, ID 83401

522-6012

- subacute detoxification
- intermediate care
- outpatient services

STATEWIDE PROGRAMS

Substance Abuse Section
Bureau of Preventive Medicine
Department of Health and Welfare
450 W. State St. - 4th Floor
Boise, ID 83720

334-4368
Charles E. "Ed" Burns, Supervisor

- statewide coordination for
substance abuse intervention and
rehabilitation program

Substance Abuse Advisory Council
P.O. Box 8968
Moscow, ID 83843

882-7562
David Helsley, Chairman

- provides input to the Substance Abuse Section

State AITA Interdepartmental Coordinating Committee
659 Gifford Avenue
American Falls, ID 83211

226-2411
Ralph Wheeler, Chairman

- planning and coordination

Idaho Council on Alcoholism
1003 Second Ave. So.
Payette, ID 83661

James S. Massia, Chairman

- no services

Idaho Indian Commission on Alcohol and Drug Abuse
P.O. Box 155
Lapwai, ID 83540

843-2391
Roy White, Contact Person

- coordination between various Indian programs in Idaho

APPENDIX "B"

COMMUNITY RESOURCES

A perusal of the yellow pages of any phone book under the heading "Social Services" will reveal some agencies that can help. United Funds, United Appeals, or United Community Councils usually have information on agencies, services offered and contact persons.

A local drug council, drug hotline, or crisis center may also share a list of agencies, comment on the quality of services, and give directions to resources which are most helpful.

The type of help available varies greatly with communities. Some areas to explore are these:

For crisis help--

- Hospital emergency clinics
- Crisis centers
- Mental Health centers
- College health centers
- Local health departments
- Hotlines

For counseling --

- Family service agencies
- YMCA-YWCA
- Crisis centers
- Mental health centers
- Private psychiatrists
- Private psychologists
- Hotlines
- Child guidance centers
- Churches and church councils
- Physicians
- Juvenile courts

Suggested questions to ask about an agency being considered for referral are these:

What are the costs involved?

What resources are available?

What are the age limits?

What are the criteria for help?

Must the parents be notified?

What is the attitude of those people who will be working with students toward other human beings in need, especially nonconformists?

What is the agency's experience with drug-related problems?

How is the staff trained?

Does the agency handle long-term or short-term counseling?

How quickly can the agency respond to an emergency referral?

What are the philosophy, policy, and procedure of the agency?

When referrals to community services are necessary, follow-up by schools should be guaranteed. Regular contact after referral helps assure that when a student is ready, he will be promptly and effectively re-integrated into the educational process.

APPENDIX C

SCHOOL LAW ENFORCEMENT RELATIONSHIPS

Situations which may require cooperation and understanding between law enforcement agencies and the schools:

Law enforcement personnel may become involved with students' drug violations in situations totally outside the school.

School officials may become aware of students' drug involvement associated with school activities.

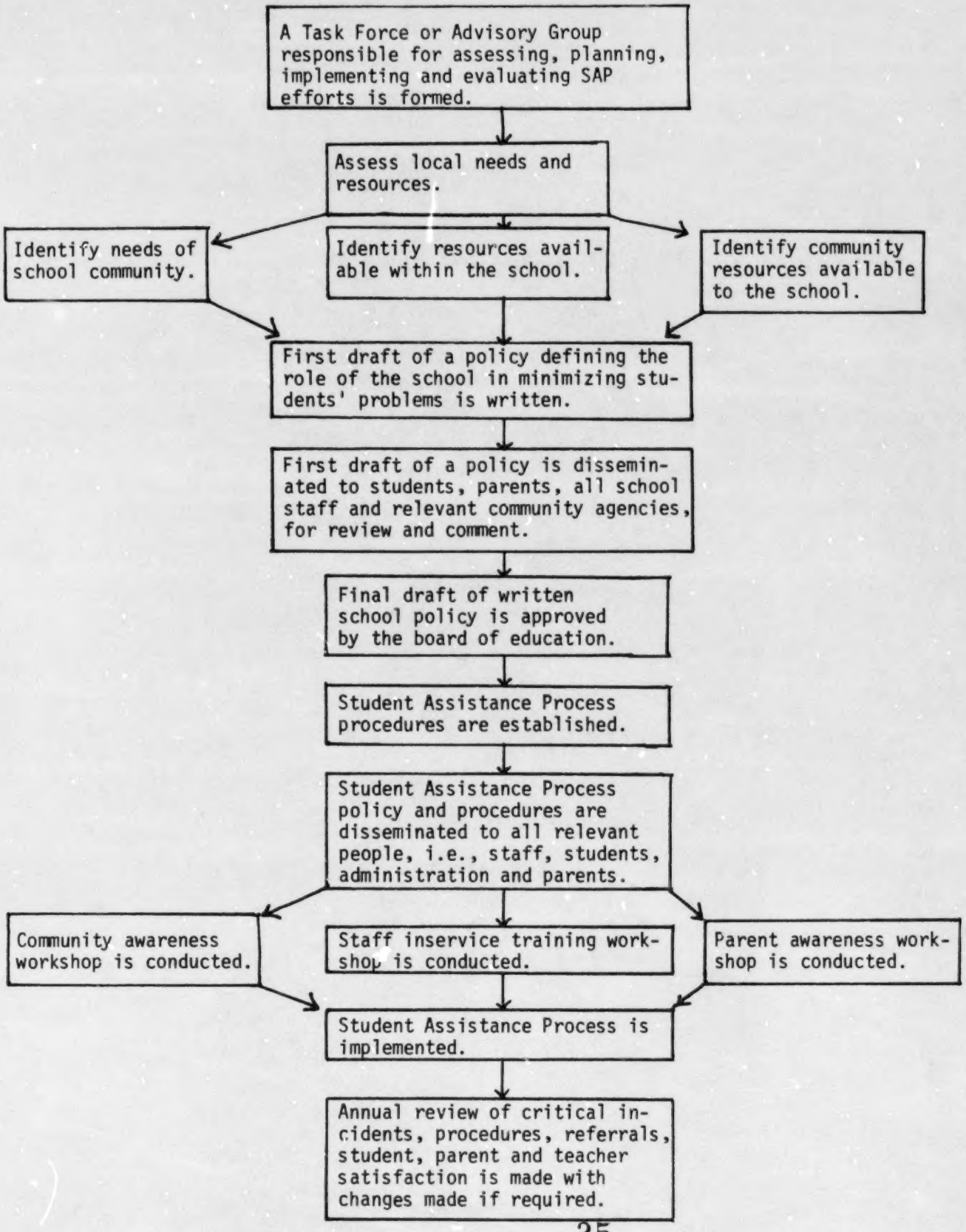
Law enforcement personnel or school officials may become suspicious of a possible general drug problem and wish to discover the facts of the situation.

Executive communication needs to be developed and maintained between agencies with responsibilities.

Procedures should be developed for permitting law enforcement agencies to interrogate students at school. Care must be taken that school personnel do not act in a disciplinary fashion when only suspicion of involvement is present.

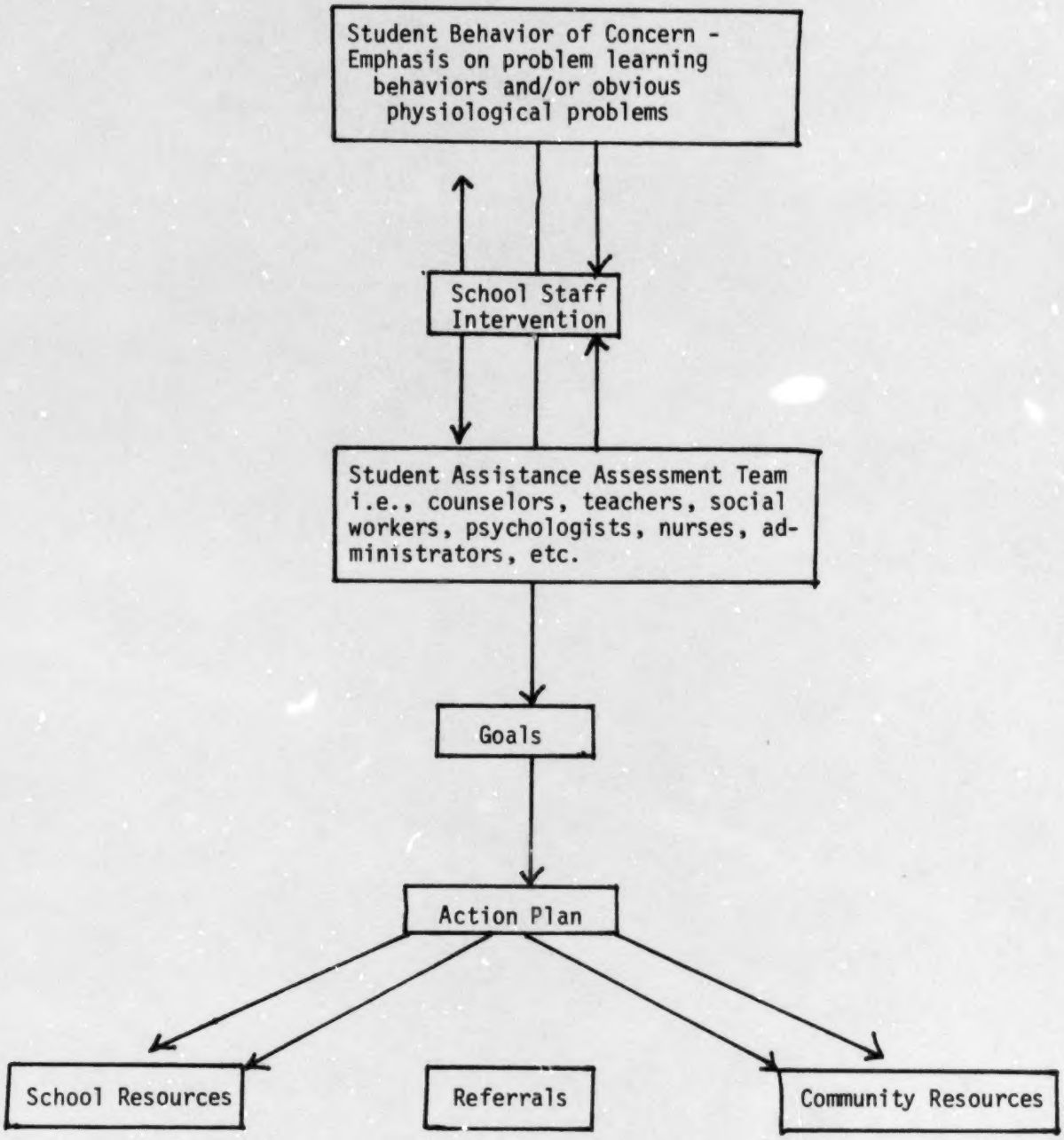
APPENDIX D

STUDENT ASSISTANCE PROCESS DEVELOPMENT FLOWCHART


A Task Force or Advisory Group responsible for assessing, planning, implementing and evaluating SAP efforts is formed.
Assess local needs and resources.
Identify needs of school community.
Identify resources available within the school.
Identify community resources available to the school.
First draft of a policy defining the role of the school in minimizing students' problems is written.
First draft of a policy is disseminated to students, parents, all school staff and relevant community agencies, for review and comment.
Final draft of written school policy is approved by the board of education.
Student Assistance Process procedures are established.
Student Assistance Process policy and procedures are disseminated to all relevant people, i.e., staff, students, administration and parents.
Community awareness workshop is conducted.
Staff inservice training workshop is conducted.
Parent awareness workshop is conducted.
Student Assistance Process is implemented.
Annual review of critical incidents, procedures, referrals, student, parent and teacher satisfaction is made with changes made if required.

APPENDIX E

STUDENT ASSISTANCE PROGRAM INTERVENTION FLOWCHART


Student Behavior of Concern - Emphasis on problem learning behaviors and/or obvious physiological problems
School Staff Intervention
Student Assistance Assessment Team i.e., counselors, teachers, social workers, psychologists, nurses, administrators, etc.
Goals
Action Plan
School Resources
Referrals
Community Resources

Federal law prohibits discrimination on the basis of race, color, religion, sex, national origin, age, or handicap in any educational programs or activities receiving federal financial assistance. (Title VI and VII of the Civil Rights Act of 1964; Title IX of the Educational Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973).

It is the policy of the Idaho State Department of Education not to discriminate in any educational programs or activities or in employment practices.

Inquiries regarding compliance with this nondiscriminatory policy may be directed to Jerry L. Evans, State Superintendent of Public Instruction, Len B. Jordan Building, Boise, Idaho, 83720, (208) 334-3301, or to the Director of the Office of Civil Rights, Department of Agriculture Education, Washington, D.C.